FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	RGANIZA	_	N							
		(See instruction	s)					Offic	e use only		
NAME OF COMMITTEE (ir	full)	(Check if name is changed)	Exa over	nple: If typyi the lines	ng, type	12F	E4M	5			
Nationwide M	lutual Insurance (Company and Alli	ed Gro	pup Inc. P	AC of Ca	lif-					
										ــــــــــــــــــــــــــــــــــــــ	
ADDRESS (number and	d street)	Exposition Blvd	; PC1A	<u>, </u>							
(Check if add	ress			ш		ш			ш	ىب	
is changed)	Sacı	amento		ш	ш	<u> </u>	A	L	95815	ــا- ــ	لــــا
COMMITTEE'S E-MA	ANDRESS		CITY			STAT	Έ Δ		ZIP C	ODE 4	
cap@nationw											1
COMMITTEE'S WEE	PAGE ADDRESS (I	<u> </u>									
GOWINIT TEES WEE	T AGE ADDITESS (C	1112)									1
									шш	Щ	шШ.
				ш						Щ	
COMMITTEE'S FAX 6142493073	NUMBER	ا									
2. DATE M 0 1	M / D D / Y	2007									
3. FEC IDENTIFIC	ATION NUMBER	C	Coc	406215							
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMEN	DED (A)						
I certify that I have exan	nined this Statement and	I to the best of my know	/ledge ar	d belief it is t	rue, correct	and comp	lete				
Type or Print Name o	f Treasurer	Cecil Autry									
Type of Time Name o		•									
Signature of Treasure	er Electronically File	ed by Cecil Autry	<u>r</u>			Date	0	8 /	15	Y	2007
NOTE: Submission of fa		nplete information may							f 2 U.S.C.	S437g.	
Office Use Only				For further Federal Elec Toll Free 80	ction Comm 0-424-9530	ission	:	l	FEC F		

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information the committee is an authorized committee, and is NOT a principal campaign committee.	
	information below.)	
	Name of Candidate	
	Candidate Office Sought: House Senate	State President District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee.	parate segregated fund or party
	Name of Any Connected Organization or Affiliated Committee Nationwide Mutual Insurance Company and Allied Group Inc.	
	1601 Exposition Blvd; PC1A	
	Mailing Address	
	Sacramento C	A
	CITY ≜ STA	TE▲ ZIP CODE ▲
	Relationship Connected Organization	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative

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٧	Vrite or Type Committee	Name				
	Nationwide Mutu	ıal Insura	ince Company and Allied Group I	nc. PAC of Californ	ia	
7.	Custodian of Record possession of Con		ify by name, address, (phone numb ooks and records.	per optional), and p	osition of th	ne person in
	Full Name					
	Mailing Address	_				
		_				
	Title or Position ♥		CITY A	ST	ATE.	ZIP CODE A
				Telephone number		
3.			nd address (phone number option esignated agent (e.g., assistant trea		the commi	ittee; and the
	Full Name of Treasurer	Cecil Aut	ry			
	Mailing Address	_	1601 Exposition Blvd			
		-	Sacramento		CA_	95815
	Title or Position ♥		CITY A	ST	ATE.▲	ZIP CODE ▲
	Tre	asurer		Telephone number	916	9207505
	Full Name of Designated Agent	Cheryl B	ryant			
	Mailing Address	_	1601 Exposition Blvd			
		_	Sacramento		CA_	95815
	Title or Position ♥		CITY A	ST	ATE A	ZIP CODE A

916

Telephone number

924

4160

Assistant Treasurer

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9.	Banks or Other De safety deposit boxe Name of Bank, Dep	s or maintains funds.	s, rents
	Mailing Address	Huntington Bank 41 South High Street	
		Columbus OH 4321	5
		CITY A STATE A ZIP (CODE A

Membership Organization

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Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	tee deposits funds, holds accounts, rents]
Mailing Address			
	CITY 🛆	STATE △ ZIP CODE △	
Name of Any Connecte	ed Organization or Affiliated Committee	[ADDITIONAL]
Allied Group and Fa	ırmland Political Action Committee	· · · · · · · · · · · · · · · · · · ·	-
			1 1
Molling Address	1100 Locust		
Mailing Address	DM-01-0301		
	Des Moines	IA 50391 030	01 ,
	CITYA	STATE ▲ ZIP CODE ▲	
Relationship Af	filiated Committee		
Type of Connected Orga	anization:		

Trade Association

Cooperative

Designated Agent		1	ADDITIONAL]
Full Name LILILI Mailing Address			
-			
Title or Position ♥	CITY A Te	STATE A	ZIP CODE A

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Banks or Other Deposit safety deposit boxes or m	naintains funds.	or other depositories in which the comm		s accounts, rents
Name of Bank, Depositor	y, etc.			ADDITIONAL
I				ı
Mailing Address				
		CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connecte	ed Organization or Affili	ated Committee	ı	ADDITIONAL]
			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Nationwide Political	Participation Comn	nittee		
	One Nationy	iide Dlaza		
Mailing Address	One Nation			
	1-27-10			
	Columbus		OH	43215 _
		CITY	STATE A	ZIP CODE
ıΔf	filiated Committee			
Relationship				
Type of Connected Orga	unization:			
Corporation	Ш	Corporation w/o Capital Stock	Labor Org	ganization
Membership Or	ganization	Trade Association	Cooperati	ve

Designated Agent		1	ADDITIONAL]
Full Name LILILI Mailing Address			
-			
Title or Position ♥	CITY A Te	STATE A	ZIP CODE A